

PATENT

Attorney's Docket No. 1504-P3005.001

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

- ☒ original
☐ design
☐ supplemental

NOTE: If the declaration is for an international Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

☐ national stage of PCT

NOTE: If one of the follow 3 items apply then complete and also attach ADDED PAGES FOR
DIVISIONAL, CONTINUATION OR CIP.

- ☐ divisional
☐ continuation
☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor *(if only one name is listed below)* or an original, first and joint inventor *(if plural names are listed below)* of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BASEMENT WALL WATER PROTECTION SYSTEM

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

- (a) ☒ is attached hereto.
(b) ☐ was filed on _____ as Serial No. _____ or _____
and was amended on _____ (if applicable). NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

- (c) ☐ was described and claimed in PCT International Application No. _____ filed on _____
and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. § 1.56(a).

___ in compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) X no such applications have been filed.

(e) _____ such applications have been filed as follows

NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	PRIORITY CLAIM UNDER 35 USC 119
			YES NO
			YES NO
			YES NO
			YES NO
			YES NO

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.
(List name and registration number)

Robert C. Collins	27,430	John F. Learman	17,069
George A. Grove	23,023	Steven L. Permut	28,388
Robert L. Farris	25,112	Matthew J. Schmidt	43,904
Frank J. Fodale	20,824	William J. Schramm	24,795
William H. Francis	25,335	James D. Stevens	35,691
William H. Griffith	16,706	William J. Waugaman	20,304
Andrew M. Grove	39,697	Charles R. White	20,494
John D. Wright	49,095	Brian L. Ribando	27,109
Eric T. Jones	40,037	Edward J. Biskup	18,987
David A. Burns	46,238	Steven B. Walmsley	48,021

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

Steven L. Permut
Reising, Ethington,
Barnes, Kisselle, P.C.
P.O. Box 4390
Troy, MI 48099-4390

(248) 689-3500

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application of any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor Andrew Niemczyk

Inventor's signature 

Date Dec. 15-2003 Country of Citizenship United States of America

Residence 11376 Sobieski, Hamtramck, Michigan 48212

Post Office Address 11376 Sobieski

Hamtramck, Michigan 48212

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED
PAGE(S) WHICH FORM A PART OF THIS DECLARATION

____ Signature for third and subsequent joint inventors. Number of pages added

____ Signature by administrator(trix), executor(trix) or legal representative for
deceased or incapacitated inventor. Number of pages added

____ Signature for inventor who refuses to sign or cannot be reached by person
authorized under 37 CFR 1.47. Number of pages added ____

* * *

____ Added pages to combined declaration and power of attorney for divisional, continuation,
or continuation-in-part (CIP) application. Number of pages added ____

* * *

____ Authorization of attorney(s) to accept and follow instructions from representative.

* * *

**If no further pages form a part of this Declaration then end this Declaration with this
page and check the following item**

 X This declaration ends with this page.